

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/549965  
FILING DATE  
APPLICANT

CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51	1					
2	1						52	1					
3	1						53	1					
4	1						54	1					
5	1						55	1					
6	1						56	1					
7	1						57	1					
8	1						58	1					
9	1						59	1					
10	1						60	1					
11	1						61	1					
12	1						62	1					
13	1						63	1					
14	1						64	1					
15	1						65	1					
16	1						66	1					
17	1						67	1					
18	1						68	1					
19	1						69	1					
20	1						70	1					
21	1						71	1					
22	1						72	1					
23	1						73	1					
24	1						74	1					
25	1						75	1					
26	1						76	1					
27	1						77	1					
28	1						78	1					
29	1						79	1					
30	1						80	1					
31	1						81	1					
32	1						82	1					
33	1						83	1					
34	1						84	1					
35	1						85	1					
36	1						86	1					
37	1						87	1					
38	1						88	1					
39	1						89	1					
40	1						90	1					
41	1						91	1					
42	1						92	1					
43	1						93	1					
44	1						94						
45	1						95						
46	1						96						
47	1						97						
48	1						98						
49	1						99						
50	1						100						
TOTAL IND.		↓		↓		↓	TOTAL IND.	10	↓		↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.	83	←		←		←
TOTAL CLAIMS		████████		████████		████████	TOTAL CLAIMS	93	████████		████████		████████

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